

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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35			1			
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48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓		2	↓
TOTAL DEP.	←		←		51	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]